



# CITY OF LODI

## COUNCIL COMMUNICATION

**AGENDA TITLE:** Communications (October 27, 1994 through November 9, 1994)

**MEETING DATE:** November 16, 1994

**PREPARED BY:** City Clerk

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**RECOMMENDED ACTION:** No action - information only.

**BACKGROUND INFORMATION:** Copies of applications for Alcoholic Beverage Control License have been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Antonio Murguia, Carniceria, Calif., 620 South Central Avenue, Lodi, Off Sale Beer and Wine, Original License; and
- b) Mark P. and Ralfanna F. Green, Strings Italian Cafe, 2314 West Kettleman Lane, Lodi, On Sale Beer and Wine, Original License.

620 South Central Avenue is zoned C-1, Neighborhood Commercial and 2314 West Kettleman Lane is zoned C-S, Commercial Shopping. These are appropriate zonings for these types of Alcoholic Beverage Control licenses.

**FUNDING:** None required.

  
Jennifer M. Perrin  
City Clerk

JMP

Attachments

APPROVED \_\_\_\_\_

THOMAS A. PETERSON  
City Manager





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OCT 27 1994

**APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)****TO:**

Department of Alcoholic Beverage Control  
31 East Channel Street, Room 168  
P.O. Drawer 150  
Stockton, CA 95201  
(209) 948-7739

File Number.....**301955**  
Receipt Number.....**1008063**  
Geographical Code.....**3902**  
Copies Mailed Date **10-31-94**  
Issued Date

**DISTRICT SERVING LOCATION:****STOCKTON****Name of Business:****Carniceria, Calif.****Location of Business:**

Number and Street  
City, State Zip Code  
County

**620 S CENTRAL AVE**  
**LODI CA 95240**  
**SAN JOAQUIN**

**Is premise inside city limits?****Mailing Address:**

(If different from  
premise address)

**620 S CENTRAL AVE**  
**LODI CA 95240**

**If premise licensed:**

Type of license

**Transferor's names/license:**

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 20 OFF-SALE BEER AND	ORIGINAL	NA	YES	0	OCT 27, 1994	\$100.00 :
2. 20 OFF-SALE BEER AND	ANNUAL FEE	NA	YES	0	OCT 27, 1994	\$34.00 :
3. NA NO LICENSE TYPE	STATE FINGERPRINTS	NA	YES	0	OCT 27, 1994	\$39.00 :
TOTAL						\$173.00

Have you ever been  
convicted of a felony? **NO**

Have you ever violated any provisions of the Alcoholic Beverage Control  
Control Act, or regulations of the department pertaining to the Act? **NO**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

**STATE OF CALIFORNIA**County of **SAN JOAQUIN**Date **OCT 27, 1994**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**Applicant Name(s)****Applicant Signature(s)****MURGUIA ANTONIO**



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NOV -3 PM 4:11

## APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

## TO:

Department of Alcoholic Beverage Control  
31 East Channel Street, Room 168  
P.O. Drawer 150  
Stockton, CA 95201  
(209) 948-7739

File Number.....302203  
Receipt Number.....1009032  
Geographical Code.....3902  
Copies Mailed Date 11-2-94  
Issued Date

## DISTRICT SERVING LOCATION:

STOCKTON

## Name of Business:

Strings Italian Cafe

## Location of Business:

Number and Street

2314 W KETTLEMAN LN

City, State Zip Code

LODI CA 95240

County

SAN JOAQUIN

## Is premise inside city limits?

YES

## Mailing Address:

(If different from  
premise address)1030 METTLER RD  
LODI CA 95242

## If premise licensed:

Type of license

## Transferor's names/license:

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 41 ON-SALE BEER AND W ORIGINAL		NA	YES	0	NOV 02, 1994	\$300.00 :
2. 41 ON-SALE BEER AND W ANNUAL FEE		NA	YES	0	NOV 02, 1994	\$205.00 :
3. NA NO LICENSE TYPE STATE FINGERPRINTS		NA	YES	0	NOV 02, 1994	\$78.00 :
TOTAL						\$583.00

Have you ever been  
convicted of a felony? NO

Have you ever violated any provisions of the Alcoholic Beverage Control  
Control Act, or regulations of the department pertaining to the Act? NO

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

## STATE OF CALIFORNIA

County of SAN JOAQUIN

Date NOV 02, 1994

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf, (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true, (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made, (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor, (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

GREEN MARK P

*Mark P. Green*

GREEN RALFANNA F

*Ralfanna Green*